

Statement from the Texas Hospital Association

re: DMN Analysis of PSIs



TEXAS HOSPITAL ASSOCIATION

Please attribute to:

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As priorities in health care shift toward quality and patient safety, Texas hospitals are focused on improving patient outcomes. We have only begun to see the effects their embrace of new efforts will have on patients.

The *Dallas Morning News* recently utilized existing 2010 inpatient data from the Texas Department of State Health Services to provide a tool to examine hospital quality. Last year, the *Dallas Morning News* provided a similar tool with 2009 inpatient data that led health care leaders and the Texas Hospital Association to express concerns that the tool did not take into account more recent patient safety data that would have included more accurate patient outcomes. Similarly, the current report does not provide a complete picture of where hospitals are nor where they are going.

Because Texas did not begin collecting “present on admission” data until January 2011, the *Dallas Morning News* analysis does not identify conditions that could have been pre-existing complications. The *Dallas Morning News* acknowledged that the software tool they utilized when compiling the report “... imputes, or infers, whether the condition was probably present.” The absence of POA indicators may produce inaccurate rates and reveals only part of a patient’s care history.

Had the *Dallas Morning News* used more recent data, it would have shown significant advancements in patient quality as hospitals embrace processes to address a number of quality based payment reforms, such as Hospital Value-Based Purchasing, readmissions reduction programs, and projects to prevent Hospital-Acquired Conditions. For example, over the last two years, the Texas Center for Quality and Patient Safety worked with more than 60 hospitals and experienced a 33 percent reduction in central line-associated bloodstream infections through collaborative programs that focus on reducing all-cause harm.

There is also concern for aspects of the composite scoring that could be confusing to patients, which included categories for hospitals that fared “Better,” “Average,” or “Worse” in comparison to other statewide hospitals. For hospitals that received a “Worse” designation, this does not necessarily mean they performed “Worse” on all indicators. In fact, some hospitals received that designation and only scored “Worse” on 1-2 indicators.

THA welcomes the *Dallas Morning News*’ attempt to provide information on hospitals’ efforts to increase patients’ quality of care. Every year, more national organizations emerge with their own performance rankings through publicly available patient information. Consumers should continue to evaluate these rankings with their physician when discussing which hospital can provide the best service to meet the patient’s health care needs. THA is committed to supporting initiatives that improve patient experience and care in the hospital setting.